

*RECEIVED
CLERK'S OFFICE
N.D. OF CALIFORNIA*

67 JUL -6 AM 10:57

RICHARD W. KIEKING
CLERK'S DISTRICT OF CALIFORNIA

1 Name and Address William M. Cox

2 225 BERRY ST. SF. CA.

3 94158

4

5 UNITED STATES DISTRICT COURT
6 NORTHERN DISTRICT OF CALIFORNIA

7

8

9 William M. Cox

10 Plaintiff/Petitioner)

Case No. C07-1661 CW

Document Name:

11 VS.

12 JOSE VEGA, MICHELLE ZHAO
LAWRENCE AU, HOLLY WEST, EDWIN
BAILESTEROS, PAUL LAW

AMENDED COMPLAINT

13 Defendant/Respondent)

42 U.S.C.S 1983, THE ORDER

14 ^{WMS}
MISTAKE OF JUNE-7-07
MISTAKE.

16 JUDGE: CLAUDIA WILKEN. JOSE VEGA, MICHELLE ZHAO, LAWRENCE AU HOLLY WEST
17 EDWIN BAILESTEROS, ALL IN CONCERT TO HARASS WILLIAM M. COX
18 TO MOVE, HARASSMENT CAUSES ME GREAT STRESS AS I SAID IN THE
19 JUNE 25-07, WENT I NOTICED THE MISTAKE YOU MADE, THEY HAVE BEEN
IN MY APARTMENT # 402- MAYBE #10 TIMES, ALSO EVERY TIME I GO TO A
HOSPITAL, IN SP. SAINT FRANCIS, THERE NOTHING WRONG WITH ME.
20 BUT WHEN I GO TO RITA BATES, OR SUMMIT, THEY TOLD ME I HAD
STONES IN MY RIGHT KIDNEY. LEFT KIDNEY. PROSTATE ONLY CAN NOT
21 VLSF HOSP. AND SAINT FRANCIS TELL ME THE TRUTH? MR. SABRINA DAY,
22 DESK CLERK AT ST FRANCIS, WRITE ME A LETTER TELLING ME TWO OR
23 THREE CALLS ON THE PHONE ABOUT ME, TO TELL MY
PHYSICIAN, AT CARRY, ABOUT MY PROBLEMS BUT NOT ME, THE CALLS
24 CAME FROM MISSION CREEK HOSPITAL. JOSE VEGA IS A LIE! EVERYTHING
HE SAYS ABOUT ME IS A LIE IT IS A CONSPIRACY. BECAUSE I DID NAME
25 MISSION CREEK STAFF AS ACTORS, I PRAY THE COURT READS, THE PAPERS
OPENED. AFTER PAGE #2 RELIEF OR DEMAND, JURY TRI. 25,000
FOR STRESS CAUSED BY HARASSMENT. BY JOSE VEGA AND HIS
TENDERNODS. RANDY SHAW, ATTY-CEO, MISSION CREEK THE SAME
ANY HEARING TO YOU TO PER MISSION YOU GO TO DANGEROUS TYPE
IT IS A CONSPIRACY. AND MY DOCTOR IS MR DR. ZECKER,
RICHARD. IT DOES PUT ME UNDER § 1983 U.S.C. 42,

26
27
28
OVER

1 JUDGE WOLLEN EVERY TIME GO TO SAINT FRANCIS, OR UCSF HOSPITAL.
2 THEY SAY IM ALRIGHT, IM SENDING MED RECORD'S.
3 ALSO SENDING EVIDS ABOUT PHONE TAP, AND OF BURGLARY
4 AND TOXIC SMELL IN APT #402 WHERE I LIVE WHEN, THE FIRE DEPT.
5 COMES THEY NEVER BEING TO TEST THE AIR IN THIS APT.
6 IN ORDER, RIGHT AFTER THIS PAGE, NUMBERED, ALSO A VIOLATION
7 OF MY FIRST AMENDMENT RIGHT, BY JOSE VEGA, LIEINER I NEVER
8 SENT ANYONE A MEMO, BUT HIM. PAGE #10 EVIDENCE #^P PAGE'S VID.
9 PAGE #10 SOL-S IN SUPPORT OF IN IFP #9

10 EVERY THING, BEFORE, AND AFTER IS TRUE, TO
11 MY UNDERSTANDING UNDER THE PENALTLY PERJURY

12 7-4-07 745 P.M. PRO SE - William m. Cox also known
13 AS IDRISS SAIEH AND WILLIE M. COX *Oris Saieh* William m. Cox
14
15

16
17 7-5-07 - William m. Cox PRO-SE - William m. Cox
18
19
20
21
22
23
24
25
26
27
28

OVER



BAART

Addiction Research and Treatment, Inc

Turk Street Clinic

433 Turk Street

San Francisco, CA 94102

Telephone: (415) 928-7800 www.baartprograms.com Fax: (415) 928-3710

June 26, 2007

To whom it may concern:

I witnessed Mr. Cox doing great healthwise late March or early April. After Mr Cox went to get a CAT Scan at UCSF, he began hurting, feeling his prostate was swollen and he was visibly limping which he was not doing before he went to UCSF.

Beth Green, MS, CRC.

573 4536

#1

Stephen R Benzian, MD
 Robert E Clark, MD
 Ronald L Embry, MD
 John P Gartland, MD
 James L Gorder, MD
 Robert R Hart, MD

Saint Francis Memorial Hospital
 Department of Radiology
 Bay Area Radiologists
 A Medical Group, Inc
 900 Hyde Street
 San Francisco, CA 94109
 (415) 353-6390 Fax 353-6396

Daniel Lentz, MD
 Frank Mainzer, MD
 Susan C Marks, MD
 Sonja M C Moelleken,
 Jon D Shanser, MD
 Douglas J Sheft, MD

Patient Name: COX, William
 Med Rec #: 10254445
 DOB: 29Feb1944
 Ord MD: NAIDUS, RICHARD
 Attn MD:
 Adm MD:

XRAY CHEST 2 VIEWS

Exam Date: 10Jan2006
 Verification Status: VERIFIED
 Patient Type: E
 Location/Rm:
 Hosp/Serv: EMR
 Acct #: 038207783

ACC #: 1728017

HISTORY: R/O rib fracture.

CHEST, 2 VIEWS:

The heart is normal in size and shape. The lungs are clear without focal mass, consolidation or infiltrate. The bones and soft tissues are normal except for senescent changes of the spine and aorta consistent with the patient's age. The mediastinal and diaphragmatic contours are normal. There is no sign of heart failure, pneumonia or any active process in the chest.

CONCLUSION: NO ACTIVE CARDIOPULMONARY DISEASE; CHEST WITHIN NORMAL LIMITS FOR AGE. NO RIB FRACTURE APPRECIATED.

Dictating MD: SHANSER, JON

Verifying MD: SHANSER, JON

Date Transcribed: 01/10/06

Initials of Transcriptionist: MH

6/11/07 Mr Cox has no symptom of TB infection. I would recommend a repeat CXR only if symptoms are present

*
2



900 Hyde Street • San Francisco, CA 94109
(415) 353-6000

CONDITIONS FOR OUTPATIENT TREATMENT

Page 3 of 3

You also acknowledge and agree that, except as otherwise provided by law, you are individually liable to pay for any treatment, procedure or service ordered by your physician(s) if your health service plan appears on the above-mentioned list, but the plan refuses to pay for the treatment, procedure or service for any reason, including but not limited to, a plan determination that the treatment, procedure or service was not covered by the plan, was not authorized by the plan or was not medically necessary.

Acknowledgement, Consent, and Financial Responsibility Agreement by Patient or Patient's Legal Representative or Authorized Agent

You certify that you have read, understand, and agree to the foregoing, have received a copy of it, and are either the patient, the patient's legal representative, or the person authorized by the patient to act as the patient's agent to execute this document and to accept its terms.

Date: 6/21/06 Time: 9:15 A.M./P.M. 1

Name: William McRost (Please Print Name)

Signature: William McRost (Patient or Patient's Legal Representative or Authorized Agent)

If signed by anyone other than the patient, please indicate relationship: _____

Witness: Debra

Financial Responsibility Agreement by Person Other than the Patient or the Patient's Legal Representative:

I agree to accept financial responsibility for outpatient services rendered to the patient. In particular, I accept the terms of the Financial Agreement, Assignment of Insurance Benefits, Health Care Service Plans and Third Party Liability provisions as stated above.

Date: _____ Time: _____ A.M./P.M. _____

Signature: _____ (Financially Responsible Party)

Witness: _____ #3

**Alta Bates Summit Medical Center - Emergency Department
2450 Ashby Avenue, Berkeley, CA, 94705, (510) 204-2500
Patient: IDRIS SALEH Med. Rec. #: 497751 Account #: 0717601245
Date: 06/26/2007 Time: 02:38**

far as possible from the air bag.

- Keep babies under 20 pounds and under 1 year of age in a carseat in the back seat, facing the front of the car. **Children should never ride in the front seat of a car with air bags until 13 years of age.** Pregnant women should always wear the lap and shoulder belt with the lap belt firmly placed under the belly and across the hips. By protecting Mom, the baby has the best chance of surviving a crash.

YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY. Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, **call or visit your doctor right away.** If you cannot reach your doctor, return to the Emergency Department. If you do not have a primary care doctor and wish to arrange for one, please call (510) 869-6777 to speak with a Health Match Physician Referral representative.□

"I have received this information and my questions have been answered. I have discussed any challenges I see with this plan with the nurse or physician."

AKA William M Cox-AKA William Cox
IDRIS SALEH or Responsible Person

IDRIS SALEH or Responsible Person has received this information and tells me that all questions have been answered.

Staff Signature

#4

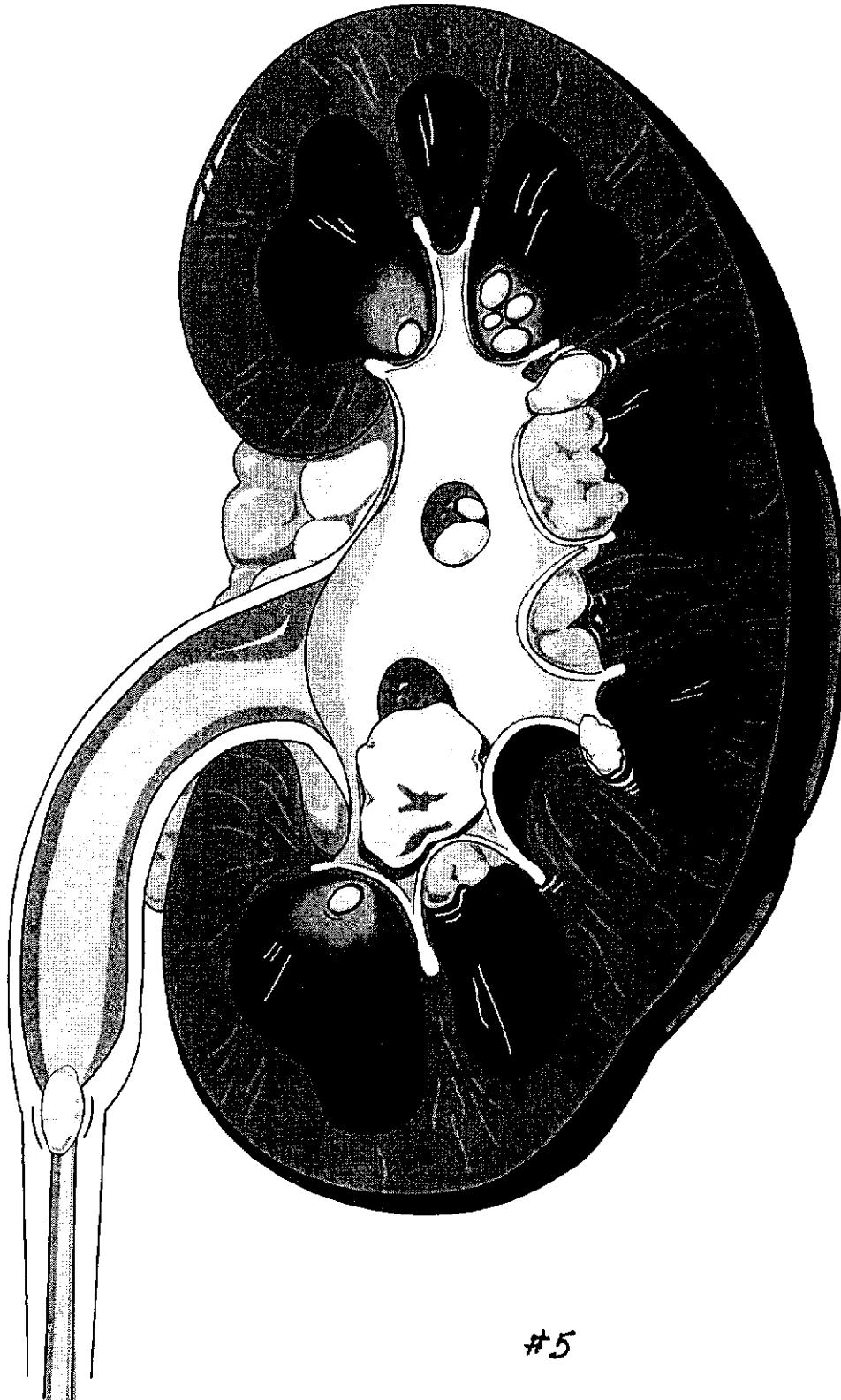
Alta Bates Summit Medical Center - Emergency Department

2450 Ashby Avenue, Berkeley, CA, 94705, (510) 204-2500

Patient: IDRIS SALEH Med. Rec. #: 497751 Account #: 0717601245

Date: 06/26/2007 Time: 02:38

Graphic Title: Kidney showing Stones





BBHS, Inc.

BAART Behavioral Health Services, Inc.

Turk Street Clinic

433 Turk Street

San Francisco, CA 94102

Telephone: (415) 925-7800 www.baartprograms.com Fax: (415) 928-3710

V.SU. 28 1331
FED QUESTION

PHONE TAPPED
IN FED HOUSING
HUD?

March 20, 2007

To Whom It May Concern:

This letter is to inform you of some information I have discovered. I am Mr. Cox's counselor at BAART Turk Street. Today, using Mr. Cox's cell phone we dialed a number and displayed on the phone were the words "end call". Yet the phone still dialed the number and the call went through. Also, I found that dialing a number from my cell phone, I could not get through to voicemail as it stated that the mailbox was full. Yet, when dialing from Mr. Cox's cell phone, we could get through and leave a message. If you have any questions, please feel free to call me at (415) 928-7800 ext. 323 between the hours of 7am and 3pm.

Sincerely,

Beth Green

Maintenance Counselor

#6

②
11/20/1 S.A.M.S.
**4TH AMEND
U.S.C
BREAK IN
11/20/1
TAKE LEGAL
PAPER'S
FROM U.S.A. SUP COURT**

REPORTEE FOLLOW-UP	
Case Number:	070279326
Case numbers are assigned to an investigator based on facts obtained during the initial investigation. If you want more information about the above case number, or if you have additional information that may assist the investigation, please call the number checked below between 9 a.m. and 5 p.m.	
<input type="checkbox"/> Accident Records 553-1286 <input type="checkbox"/> Auto 553-1261 <input checked="" type="checkbox"/> Burglary 553-1351 <input type="checkbox"/> Domestic Violence 553-9225 <input type="checkbox"/> Fraud 553-1521 <input type="checkbox"/> Fencing 553-1392 <input type="checkbox"/> General Work 553-1141 <input type="checkbox"/> Hit and Run 553-1641 <input type="checkbox"/> Homicide 553-1145 <input type="checkbox"/> Robbery 553-1201 <input type="checkbox"/> Sex Crimes 553-1361 <input type="checkbox"/> Juvenile 558-5500 <input type="checkbox"/> Missing Person 558-5508 <input type="checkbox"/> Special Investigations/Hate Crimes 553-1133 <input type="checkbox"/> Night Investigations 553-9210 <input type="checkbox"/> Lost and Found 553-9063 <input type="checkbox"/> Violent Crime Task Force 553-1401	
CAD REPORTEE FOLLOW-UP	Case Number: 070753519
Case numbers are assigned to an investigator based on facts obtained during the initial investigation. If you want more information about the above case number, or if you have additional information that may assist the investigation, please call the number checked below between 9 a.m. and 5 p.m.	
<input type="checkbox"/> Accident Records 553-1286 <input checked="" type="checkbox"/> Auto 553-1261 <input checked="" type="checkbox"/> Burglary 553-1351 <input type="checkbox"/> Domestic Violence 553-9225 <input type="checkbox"/> Fraud 553-1521 <input type="checkbox"/> Fencing 553-1392 <input type="checkbox"/> General Work 553-1141 <input type="checkbox"/> Hit and Run 553-1641 <input type="checkbox"/> Homicide 553-1145 <input type="checkbox"/> Robbery 553-1201 <input type="checkbox"/> Sex Crimes 553-1361 <input type="checkbox"/> Juvenile 558-5500 <input type="checkbox"/> Missing Person 558-5508 <input type="checkbox"/> Special Investigations/Hate Crimes 553-1133 <input type="checkbox"/> Night Investigations 553-9210 <input type="checkbox"/> Lost and Found 553-9063 <input type="checkbox"/> Violent Crime Task Force 553-1401	
REPORTEE FOLLOW-UP	Case Number: 070242135
Case numbers are assigned to an investigator based on facts obtained during the initial investigation. If you want more information about the above case number, or if you have additional information that may assist the investigation, please call the number checked below between 9 a.m. and 5 p.m.	
<input type="checkbox"/> Accident Records 553-1286 <input checked="" type="checkbox"/> Auto 553-1261 <input checked="" type="checkbox"/> Burglary 553-1351 <input type="checkbox"/> Domestic Violence 553-9225 <input type="checkbox"/> Fraud 553-1521 <input type="checkbox"/> Fencing 553-1392 <input type="checkbox"/> General Work 553-1141 <input type="checkbox"/> Hit and Run 553-1641 <input type="checkbox"/> Homicide 553-1145 <input type="checkbox"/> Robbery 553-1201 <input type="checkbox"/> Sex Crimes 553-1361 <input type="checkbox"/> Juvenile 558-5500 <input type="checkbox"/> Missing Person 558-5508 <input type="checkbox"/> Special Investigations/Hate Crimes 553-1133 <input type="checkbox"/> Night Investigations 553-9210 <input type="checkbox"/> Lost and Found 553-9063 <input type="checkbox"/> Violent Crime Task Force 553-1401	

✓ **SEARCHED**

✓ **INDEXED**

✓ **FILED**

✓ **RECORDED**

INCIDENT REPORTPROPERTY: Mission Creek Senior Community

An incident report should be completed for any activity, which may adversely affect tenants or staff within the community.

DATE: 6/24/07 TIME & DURATION: 30 minutes

Who was the individual?

1. William Cox
2. _____3. _____
4. _____

What happened (describe briefly)?

Complaining inside the His Room
402 I go up to check about smell
in His Room

Where did the activity occur?

I Smell some strong bad His
Alga ~~and~~ MooseDate submitted to office/staff: 6/24/07Signature: Franicla HowardPrint Name: FRANCISCA HERNANDEZ

The information provided in this report will serve as a permanent record of your observation. Please be sure to give a clear description. This report is not confidential and may be reproduced.

 check you if you wish this information to remain confidential.

.....

PLEASE DO NOT WRITE BELOW THIS LINE
OFFICE USE ONLY

Action

taken: _____

Manager

Resident Coordinator

Property Supervisor

Copy sent to Supervisor: _____

Date: _____

By: _____

RECORDED
THE LETTER I GOT BACK

EXHIBIT A

October 11, 2006

Mr. William Cox
 225 Berry Street # 320
 San Francisco, Ca 94158

Mr. Cox;

EVERYTIME WE ASK FOR
 AN AFRICAN AMERICAN
 THBY DON'T ONE THEY
 COULDNT GET ANY WITH
 THEY DO
 WITH OTHER TENANTS

This is in regards to the memos that you have sent to other staff and me at
 Mission Creek.

554 252 4602

AMEND FIRST Given the tone and context of your letter we feel that you are in violation of your lease agreement. Harassment towards the staff or me in any form, written or verbal will not be tolerated. We also have comments by other tenants that you have contacted them in an attempt to encourage them to file complaints.

Mr. Cox, we continue to be here for all residents, including you, to help them through the difficult times that they have gone through in their lives. As long as residents follow the rules and respect each other and staff there should be no reason why this can't be a thriving and comfortable community for all to live.

There is no room, however, for anyone at anytime using threatening comments or derogatory statements against residents or staff.

Continued behaviors like those personally demonstrated and those contained in the above mentioned letter are jeopardizing your housing at Mission Creek Senior Community. *FORM ASKING FOR A REP EVERYONG HAS ONE BUT THE AMERICAN AFRICAN YOU CAN UNDERSTAD THEM! WE NEED A REP.*

I am asking you to cease making these types of comments against the staff and other residents.

We try to promote a happy healthy atmosphere at Mission Creek. We hope that you will please take a more positive look at what is available to you here and will take advantage of this gift. *GIFT?*

Please feel free to contact Paul Lam or me if you have any questions.

Sincerely,

José A. Vega
 Community Operations Manager
 Mission Creek Senior Community

*I TOLD THE TRUTH
 NO AFRICAN AMERICAN
 THEY KNOW ME OR SHE
 WOULD NOT GO ALONG THE B.S.*

538 3133

José A. Vega
#9 WMC

Social Security Administration

Date: April 30, 2007
Claim Number: 549-56-8462A
549-56-8462DI

1BEV010007428 0.345 MB 0.326 T00000027



WILLIAM MAURICE COX
225 BERRY APT 402
SAN FRANCISCO CA 94158-1612
[REDACTED]

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

Beginning January 2007, the current Supplemental Security Income payment is \$ 940.00.

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due.
(For example, Supplemental Security Income Payments for March are paid in March.)

Date of Birth Information

The date of birth shown on our records is February 29, 1944.

Other Important Information

PREPARED BY P.PHIDD

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as a disabled individual.

10

See Next Page